

Fill in this information to identify your case:

United States Bankruptcy Court for the:

DISTRICT OF MINNESOTA

Case number (if known) Chapter 7

☐ Check if this an amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

06/22

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and the case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. Debtor's name	MYSTICAL GAMES LLC	
2. All other names debtor used in the last 8 years Include any assumed names, trade names and doing business as names	DBA MYSTICAL GAMES AND COLLECTIBLES	
3. Debtor's federal Employer Identification Number (EIN)	82-3893563	
4. Debtor's address	Principal place of business  16526 WEST 78TH ST STE 154 Eden Prairie, MN 55346 Number, Street, City, State & ZIP Code  Hennepin County	Mailing address, if different from principal place of business  P.O. Box, Number, Street, City, State & ZIP Code  Location of principal assets, if different from principal place of business  Number, Street, City, State & ZIP Code
5. Debtor's website (URL)		
6. Type of debtor	<input checked="" type="checkbox"/> Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP)) <input type="checkbox"/> Partnership (excluding LLP) <input type="checkbox"/> Other. Specify:	

Debtor **MYSTICAL GAMES LLC**  
Name

Case number (if known)

**7. Describe debtor's business** A. *Check one:*

- ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))
- ☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- ☐ Railroad (as defined in 11 U.S.C. § 101(44))
- ☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
- ☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
- ☐ Clearing Bank (as defined in 11 U.S.C. § 781(3))
- ☒ None of the above

B. *Check all that apply*

- ☐ Tax-exempt entity (as described in 26 U.S.C. §501)
- ☐ Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. §80a-3)
- ☐ Investment advisor (as defined in 15 U.S.C. §80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor. See <http://www.uscourts.gov/four-digit-national-association-naics-codes>.

4511**8. Under which chapter of the Bankruptcy Code is the debtor filing?***Check one:*

- ☒ Chapter 7
- ☐ Chapter 9
- ☐ Chapter 11. *Check all that apply:*

A debtor who is a "small business debtor" must check the first sub-box. A debtor as defined in § 1182(1) who elects to proceed under subchapter V of chapter 11 (whether or not the debtor is a "small business debtor") must check the second sub-box.

- ☐ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D), and its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$3,024,725. If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- ☐ The debtor is a debtor as defined in 11 U.S.C. § 1182(1), its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$7,500,000, **and it chooses to proceed under Subchapter V of Chapter 11**. If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return, or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- ☐ A plan is being filed with this petition.
- ☐ Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
- ☐ The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the *Attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11* (Official Form 201A) with this form.
- ☐ The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

☐ Chapter 12**9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?**

- ☒ No.
- ☐ Yes.

If more than 2 cases, attach a separate list.

District	_____	When	_____	Case number	_____
District	_____	When	_____	Case number	_____

Debtor **MYSTICAL GAMES LLC** Case number (if known) \_\_\_\_\_  
Name

10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor? ☒ No ☐ Yes.

List all cases. If more than 1, attach a separate list

Debtor Relationship  
District When Case number, if known

11. Why is the case filed in this district? Check all that apply:
- ☒ Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.
- ☐ A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

12. Does the debtor own or have possession of any real property or personal property that needs immediate attention? ☒ No ☐ Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.
- Why does the property need immediate attention? (Check all that apply.)**
- ☐ It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.  
What is the hazard? \_\_\_\_\_
- ☐ It needs to be physically secured or protected from the weather.
- ☐ It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).
- ☐ Other \_\_\_\_\_
- Where is the property?** \_\_\_\_\_  
Number, Street, City, State & ZIP Code
- Is the property insured?**
- ☐ No
- ☐ Yes. Insurance agency \_\_\_\_\_  
Contact name \_\_\_\_\_  
Phone \_\_\_\_\_

### Statistical and administrative information

13. Debtor's estimation of available funds Check one:
- ☐ Funds will be available for distribution to unsecured creditors.
- ☒ After any administrative expenses are paid, no funds will be available to unsecured creditors.

14. Estimated number of creditors
- |  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> 1-49 | <input type="checkbox"/> 1,000-5,000   | <input type="checkbox"/> 25,001-50,000     |
| <input type="checkbox"/> 50-99           | <input type="checkbox"/> 5001-10,000   | <input type="checkbox"/> 50,001-100,000    |
| <input type="checkbox"/> 100-199         | <input type="checkbox"/> 10,001-25,000 | <input type="checkbox"/> More than 100,000 |
| <input type="checkbox"/> 200-999         |  |  |

15. Estimated Assets
- |   |  |  |
|---|--|--|
| <input type="checkbox"/> \$0 - \$50,000                     | <input type="checkbox"/> \$1,000,001 - \$10 million    | <input type="checkbox"/> \$500,000,001 - \$1 billion     |
| <input type="checkbox"/> \$50,001 - \$100,000               | <input type="checkbox"/> \$10,000,001 - \$50 million   | <input type="checkbox"/> \$1,000,000,001 - \$10 billion  |
| <input type="checkbox"/> \$100,001 - \$500,000              | <input type="checkbox"/> \$50,000,001 - \$100 million  | <input type="checkbox"/> \$10,000,000,001 - \$50 billion |
| <input checked="" type="checkbox"/> \$500,001 - \$1 million | <input type="checkbox"/> \$100,000,001 - \$500 million | <input type="checkbox"/> More than \$50 billion          |

16. Estimated liabilities
- |   |  |  |
|---|--|--|
| <input type="checkbox"/> \$0 - \$50,000 | <input checked="" type="checkbox"/> \$1,000,001 - \$10 million | <input type="checkbox"/> \$500,000,001 - \$1 billion |
|---|--|--|

Debtor	<b>MYSTICAL GAMES LLC</b>	Case number (if known)
	Name	
	<input type="checkbox"/> \$50,001 - \$100,000	<input type="checkbox"/> \$10,000,001 - \$50 million
	<input type="checkbox"/> \$100,001 - \$500,000	<input type="checkbox"/> \$50,000,001 - \$100 million
	<input type="checkbox"/> \$500,001 - \$1 million	<input type="checkbox"/> \$100,000,001 - \$500 million
		<input type="checkbox"/> \$1,000,000,001 - \$10 billion
		<input type="checkbox"/> \$10,000,000,001 - \$50 billion
		<input type="checkbox"/> More than \$50 billion

Debtor **MYSTICAL GAMES LLC**  
Name

Case number (if known)

**Request for Relief, Declaration, and Signatures**

**WARNING** -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**17. Declaration and signature  
of authorized  
representative of debtor**

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **September 11, 2023**  
MM / DD / YYYY

**X /s/ DANIEL SCHAFER**  
Signature of authorized representative of debtor  
  
Title **CHIEF MANAGER**

**DANIEL SCHAFER**  
Printed name

**18. Signature of attorney**

**X /s/ JOHN D. LAMEY III**  
Signature of attorney for debtor

Date **September 11, 2023**  
MM / DD / YYYY

**JOHN D. LAMEY III 0312009**  
Printed name

**LAMEY LAW FIRM, P.A.**  
Firm name

**980 INWOOD AVE N  
OAKDALE, MN 55128-7094**  
Number, Street, City, State & ZIP Code

Contact phone **651.209.3550**

Email address **JLAMEY@LAMEYLAW.COM**

**0312009 MN**  
Bar number and State

**Fill in this information to identify the case:**

Debtor name MYSTICAL GAMES LLC

United States Bankruptcy Court for the: DISTRICT OF MINNESOTA

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing

Official Form 202

**Declaration Under Penalty of Perjury for Non-Individual Debtors**

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

**WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.**

**Declaration and signature**

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☐ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☐ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☐ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☐ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☐ *Schedule H: Codebtors* (Official Form 206H)
- ☐ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ *Amended Schedule*
- ☐ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☐ Other document that requires a declaration \_\_\_\_\_

I declare under penalty of perjury that the foregoing is true and correct.

Executed on September 11, 2023

**X /s/ DANIEL SCHAFER**

Signature of individual signing on behalf of debtor

**DANIEL SCHAFER**

Printed name

**CHIEF MANAGER**

Position or relationship to debtor

Fill in this information to identify the case:

Debtor name **MYSTICAL GAMES LLC**

United States Bankruptcy Court for the: **DISTRICT OF MINNESOTA**

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing

# Official Form 206Sum

## Summary of Assets and Liabilities for Non-Individuals

12/15

### Part 1: Summary of Assets

1. **Schedule A/B: Assets-Real and Personal Property** (Official Form 206A/B)

<b>1a. Real property:</b>	
Copy line 88 from <i>Schedule A/B</i> .....	\$ <b>0.00</b>
<b>1b. Total personal property:</b>	
Copy line 91A from <i>Schedule A/B</i> .....	\$ <b>620,740.00</b>
<b>1c. Total of all property:</b>	
Copy line 92 from <i>Schedule A/B</i> .....	\$ <b>620,740.00</b>

### Part 2: Summary of Liabilities

2. <b>Schedule D: Creditors Who Have Claims Secured by Property</b> (Official Form 206D)	
Copy the total dollar amount listed in Column A, <i>Amount of claim</i> , from line 3 of <i>Schedule D</i> .....	\$ <b>611,763.40</b>
3. <b>Schedule E/F: Creditors Who Have Unsecured Claims</b> (Official Form 206E/F)	
<b>3a. Total claim amounts of priority unsecured claims:</b>	
Copy the total claims from Part 1 from line 5a of <i>Schedule E/F</i> .....	\$ <b>15,333.00</b>
<b>3b. Total amount of claims of nonpriority amount of unsecured claims:</b>	
Copy the total of the amount of claims from Part 2 from line 5b of <i>Schedule E/F</i> .....	+\$ <b>3,392,257.62</b>
4. <b>Total liabilities</b> .....	
Lines 2 + 3a + 3b	\$ <b>4,019,354.02</b>

**Fill in this information to identify the case:**

Debtor name **MYSTICAL GAMES LLC**

United States Bankruptcy Court for the: **DISTRICT OF MINNESOTA**

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing

## Official Form 206A/B

### Schedule A/B: Assets - Real and Personal Property

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

**Part 1: Cash and cash equivalents**

1. Does the debtor have any cash or cash equivalents?

- ☒ No. Go to Part 2.  
☐ Yes Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor

Current value of debtor's interest

**Part 2: Deposits and Prepayments**

6. Does the debtor have any deposits or prepayments?

- ☒ No. Go to Part 3.  
☐ Yes Fill in the information below.

**Part 3: Accounts receivable**

10. Does the debtor have any accounts receivable?

- ☐ No. Go to Part 4.  
☒ Yes Fill in the information below.

11. **Accounts receivable**

11b. Over 90 days old:	<b>64,000.00</b>	-	<b>32,000.00</b>	=...	<b>\$32,000.00</b>
	face amount		doubtful or uncollectible accounts		

12. **Total of Part 3.**

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

**\$32,000.00**

**Part 4: Investments**

13. Does the debtor own any investments?

- ☒ No. Go to Part 5.  
☐ Yes Fill in the information below.

**Part 5: Inventory, excluding agriculture assets**

18. Does the debtor own any inventory (excluding agriculture assets)?

Debtor **MYSTICAL GAMES LLC**  
Name

Case number (If known)

- ☐ No. Go to Part 6.  
☐ Yes Fill in the information below.

**Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)**

27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?

- ☐ No. Go to Part 7.  
☐ Yes Fill in the information below.

**Part 7: Office furniture, fixtures, and equipment; and collectibles**

38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?

- ☐ No. Go to Part 8.  
☐ Yes Fill in the information below.

**Part 8: Machinery, equipment, and vehicles**

46. Does the debtor own or lease any machinery, equipment, or vehicles?

- ☐ No. Go to Part 9.  
☐ Yes Fill in the information below.

**Part 9: Real property**

54. Does the debtor own or lease any real property?

- ☐ No. Go to Part 10.  
☐ Yes Fill in the information below.

**Part 10: Intangibles and intellectual property**

59. Does the debtor have any interests in intangibles or intellectual property?

- ☐ No. Go to Part 11.  
☐ Yes Fill in the information below.

**Part 11: All other assets**

70. Does the debtor own any other assets that have not yet been reported on this form?

Include all interests in executory contracts and unexpired leases not previously reported on this form.

- ☐ No. Go to Part 12.  
☐ Yes Fill in the information below.

Current value of  
debtor's interest

71. **Notes receivable**  
Description (include name of obligor)
72. **Tax refunds and unused net operating losses (NOLs)**  
Description (for example, federal, state, local)
73. **Interests in insurance policies or annuities**
74. **Causes of action against third parties (whether or not a lawsuit has been filed)**

Debtor MYSTICAL GAMES LLC Case number (If known) \_\_\_\_\_  
Name

**JUDGMENT AGAINST ANTHONY SASSO A/K/A  
 ANTHONY P. BURGESS AND ARTISAN CAPITAL  
 PARTNERS, LLC (COLLECTABILITY UNLIKELY)**

**\$588,740.00**

Nature of claim JUDGMENT

Amount requested \$0.00

75. Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims

**POSSIBLE CLAIM FOR RESTITUTION FROM BUSINESS  
 SCAM / FINANCIAL FRAUD (ARTISAN CAPITAL  
 PARTNERS, LLC, ET AL)**

**Unknown**

Nature of claim COUNTY OF NEW YORK

Amount requested \$0.00

76. Trusts, equitable or future interests in property

77. Other property of any kind not already listed *Examples:* Season tickets, country club membership

78. Total of Part 11.

Add lines 71 through 77. Copy the total to line 90.

**\$588,740.00**

79. Has any of the property listed in Part 11 been appraised by a professional within the last year?

☒ No

☐ Yes

Debtor MYSTICAL GAMES LLC Case number (If known) \_\_\_\_\_  
Name

**Part 12: Summary**

In Part 12 copy all of the totals from the earlier parts of the form

Type of property	Current value of personal property	Current value of real property
80. <b>Cash, cash equivalents, and financial assets.</b> <i>Copy line 5, Part 1</i>	<b>\$0.00</b>	
81. <b>Deposits and prepayments.</b> <i>Copy line 9, Part 2.</i>	<b>\$0.00</b>	
82. <b>Accounts receivable.</b> <i>Copy line 12, Part 3.</i>	<b>\$32,000.00</b>	
83. <b>Investments.</b> <i>Copy line 17, Part 4.</i>	<b>\$0.00</b>	
84. <b>Inventory.</b> <i>Copy line 23, Part 5.</i>	<b>\$0.00</b>	
85. <b>Farming and fishing-related assets.</b> <i>Copy line 33, Part 6.</i>	<b>\$0.00</b>	
86. <b>Office furniture, fixtures, and equipment; and collectibles.</b> <i>Copy line 43, Part 7.</i>	<b>\$0.00</b>	
87. <b>Machinery, equipment, and vehicles.</b> <i>Copy line 51, Part 8.</i>	<b>\$0.00</b>	
88. <b>Real property.</b> <i>Copy line 56, Part 9.....&gt;</i>		<b>\$0.00</b>
89. <b>Intangibles and intellectual property.</b> <i>Copy line 66, Part 10.</i>	<b>\$0.00</b>	
90. <b>All other assets.</b> <i>Copy line 78, Part 11.</i>	<b>+ \$588,740.00</b>	
91. <b>Total.</b> Add lines 80 through 90 for each column	<b>\$620,740.00</b>	<b>+ 91b. \$0.00</b>
92. <b>Total of all property on Schedule A/B.</b> Add lines 91a+91b=92		<b>\$620,740.00</b>

Fill in this information to identify the case:

Debtor name **MYSTICAL GAMES LLC**

United States Bankruptcy Court for the: **DISTRICT OF MINNESOTA**

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing

Official Form 206D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

- ☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

		Column A Amount of claim  Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	
2.1	<b>BROADWAY CAPITAL FUNDING LLC</b> <small>Creditor's Name</small>  <b>1413 AVE J 3RD FLR</b> <b>Brooklyn, NY 11230</b> <small>Creditor's mailing address</small>  <small>Creditor's email address, if known</small>  <b>Date debt was incurred</b> <b>09/03/2020</b> <b>Last 4 digits of account number</b>  <b>Do multiple creditors have an interest in the same property?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	Describe debtor's property that is subject to a lien <b>BLANKET LIEN</b>  Describe the lien <b>UCC-1 FINANCING STATEMENT</b> Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)  As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	\$0.00
2.2	<b>SAMSON FUNDING</b> <small>Creditor's Name</small>  <b>80 BROAD STREET</b> <b>SUITE 3303</b> <b>New York, NY 10004</b> <small>Creditor's mailing address</small>  <small>Creditor's email address, if known</small>  <b>Date debt was incurred</b> <b>06/04/2020</b> <b>Last 4 digits of account number</b>  <b>Do multiple creditors have an interest in the same property?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	Describe debtor's property that is subject to a lien <b>BLANKET LIEN</b>  Describe the lien <b>UCC-1 FINANCING STATEMENT</b> Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)  As of the petition filing date, the claim is: Check all that apply	\$74,799.83	Unknown

Debtor **MYSTICAL GAMES LLC** Case number (if known)

Name

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

☐ Contingent

☐ Unliquidated

☐ Disputed

**2.3 SPARK FUNDING LLC**

Creditor's Name

**100 GARDEN CITY PLAZA  
STE 410  
Garden City, NY 11530**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

**03/05/2020**

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

**BLANKET LIEN**

**Unknown**

**Unknown**

Describe the lien

**UCC-1 FINANCING STATEMENT**

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☒ No

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

**2.4 US SMALL BUSINESS ADMINISTRATION**

Creditor's Name

**ATTN BK DEPT  
2 NORTH ST STE 320  
Birmingham, AL 35203**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

**7903**

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

**BLANKET LIEN**

**\$536,963.57**

**Unknown**

Describe the lien

**UCC-1 FINANCING STATEMENT**

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☒ No

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.

**\$611,763.40**

**Part 2: List Others to Be Notified for a Debt Already Listed in Part 1**

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Debtor	<b>MYSTICAL GAMES LLC</b>	Case number (if known)	
<small>Name</small>			
<b>Name and address</b>		<b>On which line in Part 1 did you enter the related creditor?</b>	<b>Last 4 digits of account number for this entity</b>
<b>US SMALL BUSINESS ADMIN MINNESOTA DISTRICT OFFICE 330 2nd AVE S STE 430 Minneapolis, MN 55401-2224</b>		Line <b><u>2.4</u></b>	

**Fill in this information to identify the case:**

Debtor name **MYSTICAL GAMES LLC**

United States Bankruptcy Court for the: **DISTRICT OF MINNESOTA**

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing

**Official Form 206E/F**

**Schedule E/F: Creditors Who Have Unsecured Claims**

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

**Part 1: List All Creditors with PRIORITY Unsecured Claims**

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

☐ No. Go to Part 2.

☒ Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

			Total claim	Priority amount
2.1	Priority creditor's name and mailing address <b>IRS</b> <b>PO BOX 7346</b> <b>Philadelphia, PA 19101-7346</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$15,333.00</b>	<b>\$15,333.00</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: <b>PRIORITY TAXES</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.2	Priority creditor's name and mailing address <b>MINNESOTA DEPT OF REV</b> <b>COLLECTION DIVISION</b> <b>PO BOX 64564</b> <b>Saint Paul, MN 55164-0564</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$0.00</b>	<b>\$0.00</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: <b>PRIORITY TAXES</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

**Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

Amount of claim

Debtor	Name	Case number (if known)	
	<b>MYSTICAL GAMES LLC</b>		
3.1	<b>Nonpriority creditor's name and mailing address</b> <b>ACD DISTRIBUTION</b> <b>3129 DEMING WAY</b> <b>Middleton, WI 53562</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>6385</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>UNSECURED</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$171,087.91</b>
3.2	<b>Nonpriority creditor's name and mailing address</b> <b>AMERICAN CORADIUS INTERNATIONAL, INC</b> <b>2420 SWEET HOME RD STE 150</b> <b>AMHERST, NY 14228-2244</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>8552</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>UNSECURED</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$101,115.76</b>
3.3	<b>Nonpriority creditor's name and mailing address</b> <b>AMERICAN CORADIUS INTERNATIONAL, INC</b> <b>2420 SWEET HOME RD STE 150</b> <b>AMHERST, NY 14228-2244</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>0640</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>UNSECURED</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$405,952.60</b>
3.4	<b>Nonpriority creditor's name and mailing address</b> <b>AMERICAN RECOVERY SERVICE INC</b> <b>555 ST CHARLES DRIVE</b> <b>STE 100</b> <b>Thousand Oaks, CA 91360</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>7351</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>UNSECURED</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$174.75</b>
3.5	<b>Nonpriority creditor's name and mailing address</b> <b>BENJAMIN AND MAYLENE CHASKA</b> <b>3851 COOPERS LAKE RD</b> <b>Jacksonville, FL 32224</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>UNSECURED</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$107,985.41</b>
3.6	<b>Nonpriority creditor's name and mailing address</b> <b>BIZFUND LLC</b> <b>511 5TH AVE</b> <b>New York, NY 10017</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>UNSECURED</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$42,742.00</b>
3.7	<b>Nonpriority creditor's name and mailing address</b> <b>BLUE CROSS &amp; BLUE SHIELD OF MN</b> <b>PO BOX 64676</b> <b>ROUTE M103</b> <b>Saint Paul, MN 55164</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>0001</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>UNSECURED</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$7,697.67</b>

Debtor	MYSTICAL GAMES LLC	Case number (if known)	
Name			
3.8	<b>Nonpriority creditor's name and mailing address</b> <b>CENTER POINT ENERGY</b> <b>PO BOX 4671</b> <b>Houston, TX 77210</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>9106</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>UNSECURED</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,147.63</b>
3.9	<b>Nonpriority creditor's name and mailing address</b> <b>CENTER POINT ENERGY</b> <b>505 NICOLLET MALL PO BOX 59038</b> <b>Minneapolis, MN 55459</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>4768</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>UNSECURED</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,522.70</b>
3.10	<b>Nonpriority creditor's name and mailing address</b> <b>CUSTOM CAPITAL FUNDING</b> <b>464 AVENUE U SUITE 2R</b> <b>Brooklyn, NY 11223</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>410</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>UNSECURED</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$299,928.77</b>
3.11	<b>Nonpriority creditor's name and mailing address</b> <b>DAVID AND LORRAINE SCHAFER</b> <b>14180 WESTRIDGE DR</b> <b>Eden Prairie, MN 55347</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>UNSECURED</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$231,666.63</b>
3.12	<b>Nonpriority creditor's name and mailing address</b> <b>DIVVYPAY LLC</b> <b>ATTN GURSTEL LAW FIRM</b> <b>6681 COUNTY CLUB DR</b> <b>Minneapolis, MN 55427</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>4078</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>JUDGMENT</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$59,798.45</b>
3.13	<b>Nonpriority creditor's name and mailing address</b> <b>EBAY</b> <b>2025 HAMILTON AVE</b> <b>San Jose, CA 95125</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>6001</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>UNSECURED</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$671,794.42</b>
3.14	<b>Nonpriority creditor's name and mailing address</b> <b>ERC GO</b> <b>A DIVISION OF FRANSEN ACCOUNTING</b> <b>384 S 400 W SUITE 100</b> <b>Lindon, UT 84042</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>9240</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>UNSECURED</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,879.53</b>

Debtor	<b>MYSTICAL GAMES LLC</b> Name _____	Case number (if known) _____
--------	---	------------------------------

---

3.15	<b>Nonpriority creditor's name and mailing address</b> <b>FUNDAMENTAL CAPITAL</b> <b>100 GARDEN CITY PLAZA</b> <b>SUITE 410</b> <b>Garden City, NY 11530</b>  Date(s) debt was incurred _____ Last 4 digits of account number <u>1122</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$45,788.68</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>UNSECURED</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
------	--	---

---

3.16	<b>Nonpriority creditor's name and mailing address</b> <b>FUNDAMENTAL CAPITAL</b> <b>100 GARDEN CITY PLAZA</b> <b>SUITE 410</b> <b>Garden City, NY 11530</b>  Date(s) debt was incurred _____ Last 4 digits of account number <u>0669</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$36,162.83</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>UNSECURED</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
------	--	---

---

3.17	<b>Nonpriority creditor's name and mailing address</b> <b>GOOGLE LLC</b> <b>34 SEYMOUR ST</b> <b>Tonawanda, NY 14150</b>  Date(s) debt was incurred _____ Last 4 digits of account number <u>0849</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$1,288.46</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>UNSECURED</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
------	---	--

---

3.18	<b>Nonpriority creditor's name and mailing address</b> <b>H&amp;F INVESTMENTS</b> <b>4590 SCOTT TRAIL STE 130</b> <b>EAGAN, MN 55122</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$250,000.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>UNSECURED/FORMER LANDLORD</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
------	---	--

---

3.19	<b>Nonpriority creditor's name and mailing address</b> <b>HENRY THILMONY</b> <b>121 WASHINGTON AVE S</b> <b>APT 1915</b> <b>Minneapolis, MN 55401</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$182,137.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>UNSECURED</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
------	---	--

---

3.20	<b>Nonpriority creditor's name and mailing address</b> <b>LABOR LAW CENTER</b> <b>3501 WEST GARRY AVE</b> <b>Santa Ana, CA 92704</b>  Date(s) debt was incurred _____ Last 4 digits of account number <u>5276</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$62.99</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>UNSECURED</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
------	---	---

---

3.21	<b>Nonpriority creditor's name and mailing address</b> <b>MRS ASSOCIATES</b> <b>1930 OLNEY AVE</b> <b>Cherry Hill, NJ 08003</b>  Date(s) debt was incurred _____ Last 4 digits of account number <u>4796</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$70,481.17</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>UNSECURED</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
------	--	---

Debtor	<b>MYSTICAL GAMES LLC</b> Name _____	Case number (if known) _____
--------	---	------------------------------

---

3.22	<b>Nonpriority creditor's name and mailing address</b> <b>PAYTEK SOLUTOINS</b> <b>PO BOX 10749</b> <b>Murfreesboro, TN 37129</b>  Date(s) debt was incurred _____ Last 4 digits of account number <u>0000</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$530.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>UNSECURED</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
------	---	--

---

3.23	<b>Nonpriority creditor's name and mailing address</b> <b>PROGRESSIVE COMMERCIAL INSURANCE</b> <b>DEPT 0561</b> <b>Carol Stream, IL 60132-0561</b>  Date(s) debt was incurred _____ Last 4 digits of account number <u>7197</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$170.44</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>UNSECURED</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
------	---	--

---

3.24	<b>Nonpriority creditor's name and mailing address</b> <b>RETRIEVER MERCHANT SOLUTIONS</b> <b>PO BOX 639726</b> <b>Cincinnati, OH 45263</b>  Date(s) debt was incurred _____ Last 4 digits of account number <u>3563</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$151.15</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>UNSECURED</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
------	--	--

---

3.25	<b>Nonpriority creditor's name and mailing address</b> <b>RETRIEVER MERCHANT SOLUTIONS</b> <b>PO BOX 639726</b> <b>Cincinnati, OH 45263</b>  Date(s) debt was incurred _____ Last 4 digits of account number <u>4828</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>UNSECURED</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
------	--	--

---

3.26	<b>Nonpriority creditor's name and mailing address</b> <b>SEQUIUM ASSET SOLUTIONS</b> <b>1130 NORTHCHASE PARKWAY STE 150</b> <b>Marietta, GA 30067</b>  Date(s) debt was incurred _____ Last 4 digits of account number <u>1348</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$3,183.05</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>UNSECURED</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
------	---	--

---

3.27	<b>Nonpriority creditor's name and mailing address</b> <b>SHOPIFY</b> <b>151 O'CONNOR ST.</b> <b>GROUND FLOOR</b> <b>OTTAWA, ONTARIO K2P 2L8</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$422,869.85</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>UNSECURED</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
------	--	--

---

3.28	<b>Nonpriority creditor's name and mailing address</b> <b>SHOPIFY CAPITAL</b> <b>33 NEW MONTGOMERY ST.</b> <b>SUITE 750</b> <b>San Francisco, CA 94105</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$209,050.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>UNSECURED</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
------	--	--

Debtor	<b>MYSTICAL GAMES LLC</b> Name	Case number (if known)
--------	-----------------------------------	------------------------

---

3.29	<b>Nonpriority creditor's name and mailing address</b> <b>SOUTHERN HOBBY SUPPLY</b> <b>211 ELLERY COURT</b> <b>Nashville, TN 37214</b>  Date(s) debt was incurred ____ Last 4 digits of account number <u>3761</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$17,490.50</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>UNSECURED</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
------	--	---

---

3.30	<b>Nonpriority creditor's name and mailing address</b> <b>SYNTER RESOURCE GROUP, LLC</b> <b>PO BOX 63247</b> <b>North Charleston, SC 29419-3247</b>  Date(s) debt was incurred ____ Last 4 digits of account number <u>7815</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$1,513.42</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>UNSECURED</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
------	---	--

---

3.31	<b>Nonpriority creditor's name and mailing address</b> <b>TRAVELERS COMMERCIAL INSURANCE</b> <b>PO BOX 660317</b> <b>Dallas, TX 75266</b>  Date(s) debt was incurred ____ Last 4 digits of account number <u>1223</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$1,714.05</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>UNSECURED</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
------	---	--

---

3.32	<b>Nonpriority creditor's name and mailing address</b> <b>TRAVELERS REMITTANCE CENTER</b> <b>PO BOX 660317</b> <b>Dallas, TX 75266</b>  Date(s) debt was incurred ____ Last 4 digits of account number <u>5680</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$10,039.93</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>UNSECURED</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
------	--	---

---

3.33	<b>Nonpriority creditor's name and mailing address</b> <b>UPS</b> <b>55 GLENLAKE PARKWAY</b> <b>Atlanta, GA 30328</b>  Date(s) debt was incurred ____ Last 4 digits of account number <u>1754</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$12,807.62</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>UNSECURED</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
------	---	---

---

3.34	<b>Nonpriority creditor's name and mailing address</b> <b>UPS LTL FREIGHT</b> <b>28013 NETWORK PLACE</b> <b>Chicago, IL 60673</b>  Date(s) debt was incurred ____ Last 4 digits of account number <u>5588</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$189.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>UNSECURED</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
------	---	--

---

3.35	<b>Nonpriority creditor's name and mailing address</b> <b>UPS LTL FREIGHT</b> <b>28013 NETWORK PLACE</b> <b>Chicago, IL 60673</b>  Date(s) debt was incurred ____ Last 4 digits of account number <u>8730</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$125.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>UNSECURED</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
------	---	--

Debtor **MYSTICAL GAMES LLC** Case number (if known) \_\_\_\_\_  
Name

3.36 Nonpriority creditor's name and mailing address **VENMO**  
**9999 N 90TH ST**  
**Scottsdale, AZ 85258**  
Date(s) debt was incurred \_\_\_\_\_  
Last 4 digits of account number **2685**  
As of the petition filing date, the claim is: *Check all that apply.* **\$1,366.58**  
☐ Contingent  
☐ Unliquidated  
☐ Disputed  
Basis for the claim: **UNSECURED**  
Is the claim subject to offset? ☒ No ☐ Yes

3.37 Nonpriority creditor's name and mailing address **WORLD GLOBAL CAPITAL LLC**  
**99 PARK AVE**  
**New York, NY 10016**  
Date(s) debt was incurred \_\_\_\_\_  
Last 4 digits of account number **9362**  
As of the petition filing date, the claim is: *Check all that apply.* **\$11,079.00**  
☐ Contingent  
☐ Unliquidated  
☐ Disputed  
Basis for the claim: **UNSECURED**  
Is the claim subject to offset? ☒ No ☐ Yes

3.38 Nonpriority creditor's name and mailing address **WORLDPAY PAYMENT RESOLUTION**  
**PO BOX 639726**  
**Cincinnati, OH 45263-9726**  
Date(s) debt was incurred \_\_\_\_\_  
Last 4 digits of account number **3563**  
As of the petition filing date, the claim is: *Check all that apply.* **\$3,256.94**  
☐ Contingent  
☐ Unliquidated  
☐ Disputed  
Basis for the claim: **UNSECURED**  
Is the claim subject to offset? ☒ No ☐ Yes

3.39 Nonpriority creditor's name and mailing address **XCEL ENERGY**  
**PO BOX 8**  
**Eau Claire, WI 54702**  
Date(s) debt was incurred \_\_\_\_\_  
Last 4 digits of account number **3814**  
As of the petition filing date, the claim is: *Check all that apply.* **\$3,305.73**  
☐ Contingent  
☐ Unliquidated  
☐ Disputed  
Basis for the claim: **UNSECURED**  
Is the claim subject to offset? ☒ No ☐ Yes

**Part 3: List Others to Be Notified About Unsecured Claims**

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

Name and mailing address

On which line in Part 1 or Part 2 is the related creditor (if any) listed?

Last 4 digits of account number, if any

**Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims**

5. Add the amounts of priority and nonpriority unsecured claims.

5a. Total claims from Part 1

5b. Total claims from Part 2

5c. Total of Parts 1 and 2

Lines 5a + 5b = 5c.

Total of claim amounts

5a. \$ **15,333.00**

5b. + \$ **3,392,257.62**

5c. \$ **3,407,590.62**

Fill in this information to identify the case:

Debtor name **MYSTICAL GAMES LLC**

United States Bankruptcy Court for the: **DISTRICT OF MINNESOTA**

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing

Official Form 206G

**Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

☒ No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.

☐ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal* (Official Form 206A/B).

*Property*

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.1 State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract \_\_\_\_\_

2.2 State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract \_\_\_\_\_

2.3 State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract \_\_\_\_\_

2.4 State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract \_\_\_\_\_

**Fill in this information to identify the case:**

Debtor name **MYSTICAL GAMES LLC**

United States Bankruptcy Court for the: **DISTRICT OF MINNESOTA**

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing

## Official Form 206H Schedule H: Your Codebtors

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

**1. Do you have any codebtors?**

- ☒ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.  
☐ Yes

**2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.**

*Column 1: Codebtor*

*Column 2: Creditor*

Name	Mailing Address	Name	Check all schedules that apply:
2.1	<p>Street</p> <p>City State Zip Code</p>		<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.2	<p>Street</p> <p>City State Zip Code</p>		<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.3	<p>Street</p> <p>City State Zip Code</p>		<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.4	<p>Street</p> <p>City State Zip Code</p>		<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G

**Fill in this information to identify the case:**

Debtor name **MYSTICAL GAMES LLC**

United States Bankruptcy Court for the: **DISTRICT OF MINNESOTA**

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing

**Official Form 207**

**Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy**

04/22

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

**Part 1: Income**

**1. Gross revenue from business**

☐ None.

**Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year**

**From the beginning of the fiscal year to filing date:**  
From **1/01/2023** to **Filing Date**

**Sources of revenue**  
Check all that apply

☐ Operating a business

☒ Other **GROSS REVENUE**

**Gross revenue**  
(before deductions and exclusions)

**\$0.00**

**For prior year:**  
From **1/01/2022** to **12/31/2022**

☐ Operating a business

☒ Other **GROSS REVENUE**

**\$6,706.00**

**For year before that:**  
From **1/01/2021** to **12/31/2021**

☐ Operating a business

☒ Other **GROSS REVENUE**

**\$134,531.00**

**2. Non-business revenue**

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

☒ None.

**Description of sources of revenue**

**Gross revenue from each source**  
(before deductions and exclusions)

**Part 2: List Certain Transfers Made Before Filing for Bankruptcy**

**3. Certain payments or transfers to creditors within 90 days before filing this case**

List payments or transfers—including expense reimbursements—to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$7,575. (This amount may be adjusted on 4/01/25 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

☒ None.

**Creditor's Name and Address**

**Dates**

**Total amount of value**

**Reasons for payment or transfer**  
*Check all that apply*

**4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider**

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$7,575. (This amount

Debtor **MYSTICAL GAMES LLC**

Case number (if known) \_\_\_\_\_

may be adjusted on 4/01/25 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

☒ None.

Insider's name and address Relationship to debtor	Dates	Total amount of value	Reasons for payment or transfer
--	-------	-----------------------	---------------------------------

#### 5. Repossessions, foreclosures, and returns

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

☒ None

Creditor's name and address	Describe of the Property	Date	Value of property
-----------------------------	--------------------------	------	-------------------

#### 6. Setoffs

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

☒ None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
-----------------------------	---	-----------------------	--------

### Part 3: Legal Actions or Assignments

#### 7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

☐ None.

Case title Case number	Nature of case	Court or agency's name and address	Status of case
7.1. DivvyPay LLC, Plaintiff vs Mystical Games LLC, Daniel Schafer 27-CV-22-14078		HENNEPIN COUNTY COURT 300 SOUTH 6TH ST. Minneapolis, MN 55487	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded
7.2. MYSTICAL GAMES, LLC D/B/A MYSTICAL GAMES & COLLECTIBLES, AND DANIEL R. SCHAFER, PLAINTIFF, V. ANTHONY SASSO A/K/A ANTHONY P. BURGES AND ARTISAN CAPITAL PARTNERS, LLC, DEFENDANT. 27-CV-21-7427	BREACH ON CONTRACT - JUDGMENT IN FAVOR OF THE DEBTOR	HENNEPIN COUNTY COURT 300 SOUTH 6TH ST. Minneapolis, MN 55487	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded

#### 8. Assignments and receivership

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

☒ None

### Part 4: Certain Gifts and Charitable Contributions

#### 9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000

Debtor **MYSTICAL GAMES LLC**

Case number (if known) \_\_\_\_\_

☐ None

Recipient's name and address	Description of the gifts or contributions	Dates given	Value
------------------------------	---	-------------	-------

**Part 5: Certain Losses****10. All losses from fire, theft, or other casualty within 1 year before filing this case.**☐ None

Description of the property lost and how the loss occurred	Amount of payments received for the loss  If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received.  List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property).	Dates of loss	Value of property lost
--	---	---------------	------------------------

**Part 6: Certain Payments or Transfers****11. Payments related to bankruptcy**

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

☐ None.

Who was paid or who received the transfer? Address	If not money, describe any property transferred	Dates	Total amount or value
11.1. LAMEY LAW FIRM, P.A. 980 INWOOD AVE N OAKDALE, MN 55128-7094	ATTORNEY FEES AND COURT FILING FEE	JULY 2022	\$3,500.00
Email or website address JLAMEY@LAMEYLAW.COM			
Who made the payment, if not debtor?			

**12. Self-settled trusts of which the debtor is a beneficiary**

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.  
Do not include transfers already listed on this statement.

☐ None.

Name of trust or device	Describe any property transferred	Dates transfers were made	Total amount or value
-------------------------	-----------------------------------	---------------------------	-----------------------

**13. Transfers not already listed on this statement**

List any transfers of money or other property by sale, trade, or any other means made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

☐ None.

Who received transfer? Address	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
-----------------------------------	--	------------------------	-----------------------

**Part 7: Previous Locations****14. Previous addresses**

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

Debtor **MYSTICAL GAMES LLC**

Case number (if known) \_\_\_\_\_

☐ Does not apply

Address		Dates of occupancy From-To
14.1.	<b>7914 MITCHELL RD Eden Prairie, MN 55347</b>	<b>MAY 2019 TO SEPTMEBER 2020</b>

**Part 8: Health Care Bankruptcies**

**15. Health Care bankruptcies**

Is the debtor primarily engaged in offering services and facilities for:  
 - diagnosing or treating injury, deformity, or disease, or  
 - providing any surgical, psychiatric, drug treatment, or obstetric care?

- ☒ No. Go to Part 9.  
☐ Yes. Fill in the information below.

Facility name and address	Nature of the business operation, including type of services the debtor provides	If debtor provides meals and housing, number of patients in debtor's care
---------------------------	--	---

**Part 9: Personally Identifiable Information**

**16. Does the debtor collect and retain personally identifiable information of customers?**

- ☒ No.  
☐ Yes. State the nature of the information collected and retained.

**17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?**

- ☐ No. Go to Part 10.  
☒ Yes. Does the debtor serve as plan administrator?

- ☐ No Go to Part 10.  
☒ Yes. Fill in below:

Name of plan	Employer identification number of the plan EIN:
<b>THE DEBTOR</b>	

Has the plan been terminated?

- ☒ No  
☐ Yes

**Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units**

**18. Closed financial accounts**

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

- ☒ None

Financial Institution name and Address	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
--	---------------------------------	-------------------------------	--	---

**19. Safe deposit boxes**

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

Debtor **MYSTICAL GAMES LLC**

Case number (if known) \_\_\_\_\_

☐ None

Depository institution name and address

Names of anyone with  
access to it  
Address

Description of the contents

Does debtor  
still have it?**20. Off-premises storage**

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

☐ None

Facility name and address

Names of anyone with  
access to it

Description of the contents

Does debtor  
still have it?**Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own****21. Property held for another**

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

☐ None**Part 12: Details About Environment Information**

For the purpose of Part 12, the following definitions apply:

*Environmental law* means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).

*Site* means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.

*Hazardous material* means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

Report all notices, releases, and proceedings known, regardless of when they occurred.

**22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law?** Include settlements and orders.☐ No.☐ Yes. Provide details below.Case title  
Case numberCourt or agency name and  
address

Nature of the case

Status of case

**23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?**☐ No.☐ Yes. Provide details below.

Site name and address

Governmental unit name and  
address

Environmental law, if known

Date of notice

**24. Has the debtor notified any governmental unit of any release of hazardous material?**☐ No.☐ Yes. Provide details below.

Site name and address

Governmental unit name and  
address

Environmental law, if known

Date of notice

**Part 13: Details About the Debtor's Business or Connections to Any Business**

Debtor **MYSTICAL GAMES LLC**

Case number (if known)

**25. Other businesses in which the debtor has or has had an interest**

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

☒ None

**Business name address**

**Describe the nature of the business**

**Employer Identification number**

Do not include Social Security number or ITIN.

**Dates business existed**

**26. Books, records, and financial statements**

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

☐ None

**Name and address**

**Date of service  
From-To**

26a.1. **NORDQUIST TAX AND BUSINESS SERVICES  
11985 TECHNOLOGY DR STE 210  
Eden Prairie, MN 55344**

**LAST 2+ YEARS**

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

☒ None

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

☒ None

**Name and address**

**If any books of account and records are  
unavailable, explain why**

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

☒ None

**Name and address**

**27. Inventories**

Have any inventories of the debtor's property been taken within 2 years before filing this case?

☒ No

☐ Yes. Give the details about the two most recent inventories.

**Name of the person who supervised the taking of the  
inventory**

**Date of inventory**

**The dollar amount and basis (cost, market,  
or other basis) of each inventory**

**28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.**

**Name**

**Address**

**Position and nature of any  
interest**

**% of interest, if  
any**

**DANIEL SCHAFER**

**CHIEF MANAGER**

**100**

**29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?**

☒ No

☐ Yes. Identify below.

Debtor **MYSTICAL GAMES LLC**

Case number (if known)

**30. Payments, distributions, or withdrawals credited or given to insiders**

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

- ☒ No  
☐ Yes. Identify below.

Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
-------------------------------	--	-------	--------------------------------

**31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?**

- ☒ No  
☐ Yes. Identify below.

Name of the parent corporation	Employer Identification number of the parent corporation
--------------------------------	--

**32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?**

- ☒ No  
☐ Yes. Identify below.

Name of the pension fund	Employer Identification number of the pension fund
--------------------------	--

**Part 14: Signature and Declaration**

**WARNING** -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **September 11, 2023**

**/s/ DANIEL SCHAFER** **DANIEL SCHAFER**  
 Signature of individual signing on behalf of the debtor Printed name

Position or relationship to debtor **CHIEF MANAGER**

**Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?**

- ☒ No  
☐ Yes

LOCAL FORM 1007-1  
REVISED 06/16

**United States Bankruptcy Court  
District of Minnesota**

In re **MYSTICAL GAMES LLC**

Debtor(s)

Case No.  
Chapter

**7**

**DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR**

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above-named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal Services, I have agreed to accept .....	\$	<b>3,162.00</b>
Prior to the filing of this statement I have received .....	\$	<b>3,162.00</b>
Balance Due .....	\$	<b>0.00</b>

2. The source of the compensation paid to me was:

☒ Debtor ☐ Other (specify)

3. The source of the compensation to be paid to me is:

☒ Debtor ☐ Other (specify)

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with another person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people or entities sharing in the compensation, is attached.

5. In return for the above-disclosed fee, together with such further fee, if any, as is provided in the written contract required by 11 U.S.C. §528(a)(1), I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a.. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b.. Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;
- c.. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- d.. Representation of the debtor in contested bankruptcy matters; and
- e.. Other services reasonably necessary to represent the debtor(s).

6. Pursuant to Local Rules 1007-1 and 1007-3-1, I have advised the debtor of the requirements in the Statement of Financial Affairs to disclose all payments made, or property transferred, by or on behalf of the debtor to any person, including attorneys, for consultation concerning debt consolidation or reorganization, relief under bankruptcy law, or preparation of a petition in bankruptcy. I have reviewed the debtor's disclosures and they are accurate and complete to the best of my knowledge.

LOCAL FORM 1007-1  
REVISED 06/16

CERTIFICATION

I certify that the foregoing, together with the written contract required by 11 U.S.C. §528(a)(1), is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy case.

Dated: **September 11, 2023**

Signature of Attorney

**/s/ JOHN D. LAMEY III**

**JOHN D. LAMEY III 0312009**

**United States Bankruptcy Court  
District of Minnesota**

In re **MYSTICAL GAMES LLC**

Debtor(s)

Case No.

Chapter

**7**

**VERIFICATION OF CREDITOR MATRIX**

I, the CHIEF MANAGER of the corporation named as the debtor in this case, hereby verify that the attached list of creditors is true and correct to the best of my knowledge.

Date: **September 11, 2023**

**/s/ DANIEL SCHAFER**

**DANIEL SCHAFER/CHIEF MANAGER**

Signer/Title

ACD DISTRIBUTION  
3129 DEMING WAY  
MIDDLETON WI 53562

AMERICAN CORADIUS INTERNATIONAL, INC  
2420 SWEET HOME RD STE 150  
AMHERST NY 14228-2244

AMERICAN RECOVERY SERVICE INC  
555 ST CHARLES DRIVE  
STE 100  
THOUSAND OAKS CA 91360

BENJAMIN AND MAYLENE CHASKA  
3851 COOPERS LAKE RD  
JACKSONVILLE FL 32224

BIZFUND LLC  
511 5TH AVE  
NEW YORK NY 10017

BLUE CROSS & BLUE SHIELD OF MN  
PO BOX 64676  
ROUTE M103  
SAINT PAUL MN 55164

BROADWAY CAPITAL FUNDING LLC  
1413 AVE J 3RD FLR  
BROOKLYN NY 11230

CENTER POINT ENERGY  
PO BOX 4671  
HOUSTON TX 77210

CENTER POINT ENERGY  
505 NICOLLET MALL PO BOX 59038  
MINNEAPOLIS MN 55459

CUSTOM CAPITAL FUNDING  
464 AVENUE U SUITE 2R  
BROOKLYN NY 11223

DAVID AND LORRAINE SCHAFER  
14180 WESTRIDGE DR  
EDEN PRAIRIE MN 55347

DIVVYPAY LLC  
ATTN GURSTEL LAW FIRM  
6681 COUNTY CLUB DR  
MINNEAPOLIS MN 55427

EBAY  
2025 HAMILTON AVE  
SAN JOSE CA 95125

ERC GO  
A DIVISION OF FRANDSEN ACCOUNTING  
384 S 400 W SUITE 100  
LINDON UT 84042

FUNDAMENTAL CAPITAL  
100 GARDEN CITY PLAZA  
SUITE 410  
GARDEN CITY NY 11530

GOOGLE LLC  
34 SEYMOUR ST  
TONAWANDA NY 14150

H&F INVESTMENTS  
4590 SCOTT TRAIL STE 130  
EAGAN MN 55122

HENRY THILMONY  
121 WASHINGTON AVE S  
APT 1915  
MINNEAPOLIS MN 55401

IRS  
PO BOX 7346  
PHILADELPHIA PA 19101-7346

LABOR LAW CENTER  
3501 WEST GARRY AVE  
SANTA ANA CA 92704

MINNESOTA DEPT OF REV  
COLLECTION DIVISION  
PO BOX 64564  
SAINT PAUL MN 55164-0564

MRS ASSOCIATES  
1930 OLNEY AVE  
CHERRY HILL NJ 08003

PAYTEK SOLUTOINS  
PO BOX 10749  
MURFREESBORO TN 37129

PROGRESSIVE COMMERCIAL INSURANCE  
DEPT 0561  
CAROL STREAM IL 60132-0561

RETRIEVER MERCHANT SOLUTIONS  
PO BOX 639726  
CINCINNATI OH 45263

SAMSON FUNDING  
80 BROAD STREET  
SUITE 3303  
NEW YORK NY 10004

SEQUIUM ASSET SOLUTIONS  
1130 NORTHCHASE PARKWAY STE 150  
MARIETTA GA 30067

SHOPIFY  
151 O'CONNOR ST.  
GROUND FLOOR  
OTTAWA, ONTARIO K2P 2L8

SHOPIFY CAPITAL  
33 NEW MONTGOMERY ST.  
SUITE 750  
SAN FRANCISCO CA 94105

SOUTHERN HOBBY SUPPLY  
211 ELLERY COURT  
NASHVILLE TN 37214

SPARK FUNDING LLC  
100 GARDEN CITY PLAZA STE 410  
GARDEN CITY NY 11530

SYNTER RESOURCE GROUP, LLC  
PO BOX 63247  
NORTH CHARLESTON SC 29419-3247

TRAVELERS COMMERCIAL INSURANCE  
PO BOX 660317  
DALLAS TX 75266

TRAVELERS REMITTANCE CENTER  
PO BOX 660317  
DALLAS TX 75266

UPS  
55 GLENLAKE PARKWAY  
ATLANTA GA 30328

UPS LTL FREIGHT  
28013 NETWORK PLACE  
CHICAGO IL 60673

US SMALL BUSINESS ADMIN  
MINNESOTA DISTRICT OFFICE  
330 2ND AVE S STE 430  
MINNEAPOLIS MN 55401-2224

US SMALL BUSINESS ADMINISTRATION  
ATTN BK DEPT  
2 NORTH ST STE 320  
BIRMINGHAM AL 35203

VENMO  
9999 N 90TH ST  
SCOTTSDALE AZ 85258

WORLD GLOBAL CAPITAL LLC  
99 PARK AVE  
NEW YORK NY 10016

WORLDPAY PAYMENT RESOLUTION  
PO BOX 639726  
CINCINNATI OH 45263-9726

XCEL ENERGY  
PO BOX 8  
EAU CLAIRE WI 54702